

Research Article

General Surgery Committee Outpatient Clinic Liver Transplantation Cases

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Abstract

To investigate the reasons for presentations of receiving which type of report, liver diseases causing transplantation, and degrees of affinity of the living donors with patients undergoing liver transplantations who presented to the general surgery committee outpatient clinic of the hospital to receive a health committee report in 2017, 2018, 2019, 2020, and 2023 in which the pandemic ended.

Keywords: General Surgery; Liver transplantation; Health committee report; Disability status report

Introduction

To investigate the reasons for presentations of receiving which type of report, liver diseases causing transplantation, and degrees of affinity of the living donors with patients undergoing liver transplantations who presented to the general surgery committee outpatient clinic of the hospital to receive a health committee report in 2017, 2018, 2019, 2020, and 2023 in which the pandemic ended.

Materials and Methods

The patients presenting to the general surgery committee outpatient clinic of the hospital were asked if they had any operation related to the general surgery. The epicrisis of the patients with liver transplantation was seen and they were registered.

Results

There were a total of seven patients with liver transplantation including three females and four males (Table 1) (Figure 1). All seven patients had living donor liver transplants (Table 2). All three female patients and four male patients received transplants from first and second-degree relatives (Table 3).

Three female patients received the transplant due to liver cirrhosis; three of four male patients received the transplant due to liver cirrhosis and one of them due to hepatocellular carcinoma (Table 4). One of three female patients presented to receive Disability Status Report (DSR), one of them for retirement due to disability, and one of them for the Certificate of Exemption from Special Consumption Tax (CESCT) (Table 5). Three of four male patients presented for retirement due to disability, and one of them for a Disability Status Report (DSR) (Table 5).

While the mean age of the male patients was 63.5 ± 5.46 years, the mean age of the female patients was 59.3 ± 6.84 years.

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Comorbidities in the patients were as follows: hypertension in two patients, diabetes mellitus in one patient, COPD in one patient, goiter in one patient, lumbar disc hernia in one patient, sinusitis in one patient, myoma in one patient, right inguinal hernia surgery in one patient, cholecystectomy in one patient, coronary artery bypass graft surgery in one patient, lumbar disc hernia surgery in one patient, and total abdominal hysterectomy in one patient.

Table 1: Distribution of patients with liver transplantation according to gender.

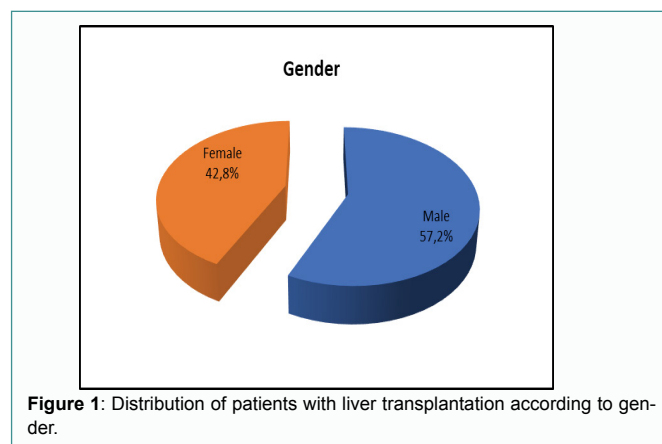
| Gender | n (%) |
|--------|-----------|
| Male | 4 (57.2%) |
| Female | 3 (42.8%) |

Table 2: Type of the donors.

| | | n (%) |
|----------------------|--------|----------|
| Living donor; Gender | Female | 3 (100%) |
| | Male | 4 (100%) |
| Deceased donor | | - |

Table 3: Degrees of affinity of the living donors.

| Living donor | | n (%) |
|--------------------------------------|--------|----------|
| First and Second Degrees of Affinity | Female | 3 (100%) |
| | Male | 4 (100%) |



Discussion

The rate of living donor liver transplantation is higher in this study. Turkey is the country performing the highest number of liver transplants from a living donor in Europe and among the top three

Table 4: Transplantation reasons.

| | Female (n=3) | Male (n=4) |
|--------------------------|--------------|------------|
| Liver Cirrhosis | 3 (100%) | 3 (75%) |
| Hepatocellular Carcinoma | | 1 (25%) |

Table 5: Types of reports asked by Female and Male patients.

| | | n (%) |
|--------|---------------------------------------------------------------|-----------|
| Female | Disability Status Report (DSR) | 1 (33.3%) |
| | Retirement due to disability | 1 (33.3%) |
| | Certificate of Exemption from Special Consumption Tax (CESCT) | 1 (33.3%) |
| Male | Disability Status Report (DSR) | 1 (25%) |
| | Retirement due to disability | 3 (75%) |

countries in the world in liver transplantation from living donors [1]. Transplantation from a living donor has some superiority such as too short cold ischemia time, superior graft quality, and shorter waiting time on the waiting list. Living donor liver transplantation rates are lower in Europe and the United States of America [2]. In living donor liver transplantation, it is important to decrease the mortality of the donor [3], and the remaining liver size calculated using Computerized Tomography (CT) liver volumetry should be greater than 30% of total liver volume [4].

Some studies are reporting that living donor liver transplantation provides much better survival than liver transplantation from a deceased donor [5]. Although another chance to live is provided to the patients after liver transplantation which is one of the major surgeries of general surgery, a disability condition occurs due to both being a major surgical intervention and the impact of immunosuppression [6-8]. There are a limited number of studies in the literature regarding the health committee reports received by presenting to the health committees with disability conditions after liver transplantation.

In this study, it was observed that liver cirrhosis was the first reason for transplantation in both genders, all donors were living donors, and disability retirement reports namely not wishing to keep an active working life anymore were in the first place as the reason for presenting to receive a report. The second reason for receiving a report was a disability status report including the rights of having a disabled identity card, benefiting from tax exemption, and getting disability salary. The patients received a disability rate score with a rate of 70% as a consequence of the evaluation by the general surgery and gastroenterology departments.

Conclusion

A disability status occurs in patients receiving liver transplantation due to liver failure with comorbidities that can develop as a result of either major surgical intervention or immunosuppression, and the patients present to the health committees to receive a health committee report to benefit from the given rights to them and to eliminate their socio-economic losses.

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